

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>ANDRUS, CHARLES H.</b>		2. Social Security Number <b>563-94-2723</b>	3. Date of Birth <b>03-28-53</b>	4. Effective Date <b>01-19-2002</b>
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>		
5-A. Code <b>317</b>	5-B. Nature of Action <b>RESIGNATION</b>	6-A. Code	6-B. Nature of Action	
5-C. Code <b>RUM</b>	5-D. Legal Authority <b>REG. 715.202 OTHER</b>	6-C. Code	6-D. Legal Authority	
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority	

7. FROM: Position Title and Number <b>PHYSICIAN</b> <b>000000</b>						15. TO: Position Title and Number					
8. Pay Plan <b>AD</b>	9. Occ. Code <b>0602</b>	10. Grade/Level <b>CHIEF</b>	11. Step/Rate <b>10</b>	12. Total Salary <b>\$107,357</b>	13. Pay Basis <b>PA</b>	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay <b>\$107,357</b>	12B. Locality Adj. <b>\$0</b>	12C. Adj. Basic Pay <b>\$107,357</b>	12D. Other Pay <b>\$0</b>			20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		

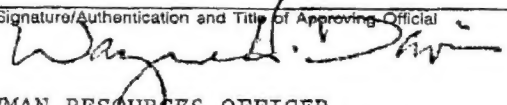
14. Name and Location of Position's Organization <b>VA MEDICAL CENTER</b> <b>PATIENT CARE SVCS SURGICAL SERVICE</b> <b>HINES IL</b>						22. Name and Location of Position's Organization					
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### EMPLOYEE DATA

23. Veterans Preference <b>1</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
27. FEGLI <b>CO</b> <b>BASIC LIFE ONLY</b>				28. Annuitant Indicator <b>9</b> <b>NOT APPLICABLE</b>		29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>04-07-83</b>		32. Work Schedule <b>P</b> <b>PART-TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>70</b>	
34. Position Occupied <b>2</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8202.2280</b>		37. Bargaining Unit Status <b>7777</b>	
38. Duty Station Code <b>17-397-031</b>				39. Duty Station (City - County - State or Overseas Location) <b>HINES IL</b>					

40. AGENCY DATA	41.	42.	43.	44.
45. Remarks				

REASON FOR RESIGNATION: MY RESIGNATION AS A PHYSICIAN AND SURGEON OF THE DEPARTMENT OF VETERANS AFFAIRS CAN BE CONSTRUED AS A CONSTRUCTIVE DISCHARGE. AS SUCH, THE VA OIG FAILED TO INVESTIGATE OR ADDRESS ALLEGATIONS OF DENIAL AND DELAY OF ELIGIBLE MEDICAL CARE TO VETERANS; DOCUMENTATION WAS DESTROYED BY A PUBLIC ACCOUNTING FIRM BY ORDER OF A VA OFFICIAL IN THE PREPARATION OF AN OFFICIAL VA STUDY, AND I PERSONALLY WAS THE SUBJECT OF MULTIPLE PROHIBITIVE PERSONNEL PRACTICES ALLEGED TO HAVE ORIGINATED AT THE ORDERS OF THE VISA DIRECTOR, JOAN E. CUMMINGS, M.D. (VISA DIRECTED TERMINATION OF MY EMPLOYMENT AS DISCUSSED WITH THE HINES VAH DIRECTOR DENARDO AND DOCUMENTED IN DEPOSITIONS BY ROBYN HANNA IN JULY, 1999 OF THE VA OIG). TO FULLY UNDERSTAND THE CONSTRUCTIVE DISCHARGE, ONE SHOULD REVIEW U.S. OSC #MA-00-1107 AND DI-00-1147; VA OIG 9HL-015, 2000HL-0347, AND 2001-01512-HL-0544; AND DVA/ORM 200K-1886. WITHOUT THIS CONSTRUCTIVE DISCHARGE, I HAD PLANNED TO CONTINUE IN MY CURRENT POSITION UNTIL RETIREMENT (ANOTHER 19 YEARS HOPEFULLY) AS THE CHIEF, SURGERY SERVICE, EDWARD HINES, JR., VAH CHICAGO.

46. Employing Department or Agency <b>DEPARTMENT OF VETERANS AFFAIRS</b>			50. Signature/Authentication and Title of Approving Official  <b>HUMAN RESOURCES OFFICER</b>	
47. Agency Code <b>VA TA</b>	48. Personnel Office ID <b>1255</b>	49. Approval Date <b>01-19-2002</b>		

TURN OVER FOR IMPORTANT INFORMATION  
5-Part 50-156

1 - Employee Copy - Keep for Future Reference

Editions Prior to 7/91 Are Not Usable After 6/30/83  
NSN 7540-01-333-6236

NO. 100

It is your duty as the official notice of a person's  
to make employment, pay

[illegible][illegible]

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW

100-443887-1000

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the study. The investigator must first identify the problem and then determine the scope of the study. The next step is to design the study. This involves determining the methods to be used and the data to be collected. The third step is to collect the data. This is done by the investigator who is responsible for the study. The fourth step is to analyze the data. This is done by the investigator who is responsible for the study. The fifth step is to interpret the results. This is done by the investigator who is responsible for the study. The sixth step is to write the report. This is done by the investigator who is responsible for the study. The seventh step is to present the results. This is done by the investigator who is responsible for the study. The eighth step is to discuss the results. This is done by the investigator who is responsible for the study. The ninth step is to conclude the study. This is done by the investigator who is responsible for the study. The tenth step is to publish the results. This is done by the investigator who is responsible for the study.

1. The first step in the process of the development of a new product is the identification of a market need. This is often done through market research, which can be conducted in a variety of ways, including surveys, focus groups, and interviews. The goal is to understand what customers want and need, and to identify any gaps in the current market.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-16-2007 BY 60322 UCBAW/BJS

### Block 2 - Veterans Preference for GPO

Table 1. *Mean values of the dependent variables for the two groups*

### World Map

- World Security System
- Civil Service Retirement System
- Civil Service Retirement System for law enforcement personnel
- Foreign Service Retirement and Disability System
- Federal Employees' Retirement System
- Federal Employees' Retirement System for National Science and Technical
- Federal Employees' Retirement System for Air Traffic Controllers
- Federal Employees' Retirement System for Engineers and Designer Personnel
- Foreign Service Pension System

THE UNIVERSITY OF CHICAGO

3. If you have not received a year to elect Health benefits or the year has expired, you have been provided materials explaining the program, and if you cannot wait, contact your personnel specialist.
4. Your personnel specialist will also tell you if your position is covered by a agreement between an employee organization (union) and the State of Michigan. You are eligible to and elect to join an employee organization.

It is your responsibility to read all the information on the front of this notice and call your personnel on the  
immediately.    

# NOTIFICATION OF PERSONNEL ACTION

578 578

1. Name (Last, First, Middle) <b>ANDRUS, CHARLES H</b>		2. Social Security Number <b>563-94-2723</b>	3. Date of Birth <b>03-28-53</b>	4. Effective Date <b>01-19-2002</b>
5-A. Code <b>317</b>		5-B. Nature of Action <b>RESIGNATION</b>		
5-C. Code <b>RUM</b>		5-D. Legal Authority <b>REG. 715.202 OTHER</b>		
5-E. Code		5-F. Legal Authority		

7. FROM: Position Title and Number <b>PHYSICIAN</b>  <b>000000</b>						15. TO: Position Title and Number						
8. Pay Plan <b>AD</b>	9. Occ. Code <b>0602</b>	10. Grade/Level <b>CHIEF</b>	11. Step/Rate <b>10</b>	12. Total Salary <b>\$107,357</b>	13. Pay Basis <b>PA</b>	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis	
12A. Basic Pay <b>\$107,357</b>		12B. Locality Adj. <b>\$0</b>		12C. Adj. Basic Pay <b>\$107,357</b>		12D. Other Pay <b>\$0</b>		20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay
14. Name and Location of Position's Organization  <b>VA MEDICAL CENTER</b> <b>PATIENT CARE SVCS SURGICAL SERVICE</b> <b>HINES IL</b>						22. Name and Location of Position's Organization						

23. Veterans Preference <b>1</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. FEGLI <b>CO BASIC LIFE ONLY</b>				28. Annuitant Indicator <b>9 NOT APPLICABLE</b>		29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K FERS &amp; FICA</b>		31. Service Comp. Date (Leave) <b>04-07-83</b>		32. Work Schedule <b>P PART-TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>70</b>			
34. Position Occupied <b>2</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8202.2280</b>		37. Bargaining Unit Status <b>7777</b>	
38. Duty Station Code <b>17-3975-031</b>				39. Duty Station (City - County - State or Overseas Location) <b>HINES IL</b>					

40. AGENCY DATA	41.	42.	43.	44.
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45. Remarks

**ASSIGNMENT: SURGERY**

**LUMP SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.**

**FORWARDING ADDRESS:**

\* 4269 BOULDER CREEK CIRCLE

\* STOCKTON, CALIFORNIA 95219

**FORWARDING ADDRESS:**

\*

\*

REMARKS CONTINUED ON NEXT PAGE

46. Employing Department or Agency <b>DEPARTMENT OF VETERANS AFFAIRS</b>			50. Signature/Authentication and Title of Approving Official  <b>Wayne L. Davis</b> <b>HUMAN RESOURCES OFFICER</b>	
47. Agency Code <b>VA TA</b>	48. Personnel Office ID <b>1255</b>	49. Approval Date <b>01-19-2002</b>		

## NOTICE TO EMPLOYEE

This is your copy of the official notice of a personnel action. Keep it with your records because it could be used to make employment, pay, and qualifications decisions about you in the future.

### The Action

- Blocks 5-B and 6-B describe the personnel action(s) that occurred.
- Blocks 15-22 show the position and organization to which you are assigned.

### Pay

- When the personnel action is an award or bonus, block 20 shows the amount of that one-time cash payment. When the action is not an award or bonus, block 12 shows your former total annual salary, and block 20 shows your new total annual salary (block 20C plus 20D). The amounts in blocks 12 and 20 do not include any one-time cash payments (such as performance awards and recruitment or relocation bonuses) or payments that may vary from one pay period to the next (such as overtime pay), or other forms of premium pay.
- Block 20A is the scheduled amount for your grade and step, including any special salary rate you receive. It does not include any locality-based pay. This rate of pay serves as the basis for determining your rate of pay upon promotion, change to a lower grade, or reassignment, and is used for pay retention purposes.
- Block 20B is the annual dollar amount of your Interim Geographic Adjustment or, beginning in 1994, your locality-based comparability payment.
- Block 20C is your Adjusted Basic Pay, the total of blocks 20A and 20B. It serves as the basis for computing your retirement benefits, life insurance, premium pay, and severance pay.
- Block 20D is the total dollar amount of any Retention Allowances, Supervisory Differentials, and Staffing Differentials that are listed in the remarks block. These payments are made in the same manner as basic pay, but are not a part of basic pay for any purpose.

### Block 24 - Tenure

- Identifies the nature of your appointment and is used to determine your rights during a reduction in force (RIF). Tenure groups are explained in more detail in subchapter 26 of FPM Supplement 296-33 and RIF is explained in FPM Supplement 351-1; both should be available for review in your personnel office.

### Block 26 - Veterans Preference for RIF

- Indicates whether you have preference for reduction-in-force purposes.

### Block 30 - Retirement Plan

- FICA —Social Security System
- CS —Civil Service Retirement System
- CS-Spec —Civil Service Retirement System for law enforcement and firefighter personnel
- FS —Foreign Service Retirement and Disability System
- FERS —Federal Employees' Retirement System
- FERS-Reserve Tech —Federal Employees' Retirement System for National Guard Reserve Technicians
- FERS-ATC —Federal Employees' Retirement System for Air Traffic Controllers
- FERS-Spec —Federal Employees' Retirement System for law enforcement and firefighter personnel
- FSPS —Foreign Service Pension System

### Block 31 - Service Computation Date (Leave)

- Shows when your Federal service began unless you have prior creditable service. If so, this date is constructed to include your total years, months and days of prior creditable civilian and military service.
- Full-time employees with fewer than 3 years of service earn 4 hours of annual leave each pay period; those with 3 or more years but less than 15 years earn 6 hours each pay period; and those with 15 or more years earn 8 hours each pay period.
- Your earnings and leave statement or your time and attendance card will show the rate at which you earn leave and your current unused leave balance.

### Block 32 - Work Schedule

- Your work schedule is established by your supervisor.
- A full-time employee works on a prearranged scheduled tour of duty that is usually 40 hours per week. A part-time employee has a prearranged scheduled tour of duty that is usually between 16 and 32 hours per week. An intermittent employee has no prearranged scheduled tour of duty and works when needed.
- Full-time and part-time employees whose appointments are for 90 days or more are usually eligible to earn annual leave; intermittent employees are not.
- Seasonal employees work on an annually recurring basis for periods of less than 12 months each year; they may have a full-time, a part-time, or an intermittent schedule during their work season.
- On-call employees work during periods of heavy workload and are in pay status for at least 6 months of each year; they may have either a full-time or a part-time schedule when they are in pay status.

### Block 33 - Part-time Hours Per Biweekly Pay Period

- Indicates the number of hours a part-time employee is scheduled to work during a two-week pay period.

### Block 34 - Position Occupied

- Identifies the employment system under which you are serving — the Competitive Service, the Excepted Service, or the Senior Executive Service (SES).
- The employment system determines your eligibility to move to other jobs in the Federal service, your rights in disciplinary and adverse actions, and your eligibility for reemployment if you leave Federal service.

### Block 35 - FLSA Category

- Exempt employees are not covered by the minimum wage and overtime law (the Fair Labor Standards Act); nonexempt employees are covered.

### Block 37 - Bargaining Unit Status

- Identifies a bargaining unit to which you belong, whether or not you are actually a member of a labor organization. Code "7777" indicates you are eligible but not in a bargaining unit; code "8888" indicates you are ineligible for inclusion in a bargaining unit.

### Blocks 38 and 39 - Duty Station

- Identifies the city, county, and state or the overseas location, where you actually work.

## OTHER INFORMATION

- If your appointment entitles you to elect health benefits or life insurance, and you have not been provided materials explaining the programs available and the enrollment forms, contact your personnel specialist.
- Your personnel specialist will also tell you if your position is covered by an agreement between an employee organization (union) and your agency. If you are eligible to and elect to join an employee organization, you can elect to have your dues withheld from your salary.
- If you have questions or need more information about your rights and benefits, ask your supervisor or your personnel office.
- Definitions for any coded data in Blocks 1-24, 27-39 and 45-50 may be found in Federal Personnel Manual Supplement 292-1.

It is your responsibility to read all the information on the front of this notice and tell your personnel office immediately if there is an error in it.

# NOTIFICATION OF PERSONNEL ACTION

578 578

1. Name (Last, First, Middle) <b>ANDRUS, CHARLES H</b>		2. Social Security Number <b>563-94-2723</b>	3. Date of Birth <b>03-28-53</b>	4. Effective Date <b>01-19-2002</b>
5-A. Code <b>317</b>		5-B. Nature of Action <b>RESIGNATION</b>		
5-C. Code <b>RUM</b>		5-D. Legal Authority <b>REG. 715.202 OTHER</b>		
5-E. Code		5-F. Legal Authority		

7. FROM: Position Title and Number <b>PHYSICIAN</b>  <b>000000</b>					15. TO: Position Title and Number						
8. Pay Plan <b>AG</b>	9. Occ. Code <b>0602</b>	10. Grade/Level <b>CHIEF</b>	11. Step/Rate <b>10</b>	12. Total Salary <b>\$107,357</b>	13. Pay Basis <b>PA</b>	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay <b>\$107,357</b>		12B. Locality Adj. <b>\$0</b>		12C. Adj. Basic Pay <b>\$107,357</b>		12D. Other Pay <b>\$0</b>		20A. Basic Pay		20B. Locality Adj.	
14. Name and Location of Position's Organization  <b>VA MEDICAL CENTER</b> <b>PATIENT CARE SVCS SURGICAL SERVICE</b> <b>HINES IL</b>						22. Name and Location of Position's Organization					

EMPLOYEE DATA				24. Tenure				25. Agency Use		26. Veterans Preference for RIF	
23. Veterans Preference <b>1</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				<b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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39. Duty Station (City - County - State or Overseas Location) <b>HINES IL</b>				40. AGENCY DATA				41.			
42.				43.				44.			

## 45. Remarks

REMARKS CONTINUED:

HEALTH BENEFITS COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NONGROUP CONTRACT).

SF 2819 WAS PROVIDED. LIFE INSURANCE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NONGROUP CONTRACT).

46. Employing Department or Agency <b>DEPARTMENT OF VETERANS AFFAIRS</b>			50. Signature/Authentication and Title of Approving Official  <b>Wayne L. Davis</b> <b>HUMAN RESOURCES OFFICER</b>	
47. Agency Code <b>VA TA</b>	48. Personnel Office ID <b>1255</b>	49. Approval Date <b>01-19-2002</b>		

TURN OVER FOR IMPORTANT INFORMATION  
5-Part 50-316

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Editions Prior to 7/91 Are Not Usable After 6/30/93  
NSN 7540-01-333-6238



## NOTICE TO EMPLOYEE

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- Full-time and part-time employees whose appointments are for 90 days or more are usually eligible to earn annual leave; intermittent employees are not.
- Seasonal employees work on an annually recurring basis for periods of less than 12 months each year; they may have a full-time, a part-time, or an intermittent schedule during their work season.
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### Block 34 – Position Occupied

- Identifies the employment system under which you are serving — the Competitive Service, the Excepted Service, or the Senior Executive Service (SES).
- The employment system determines your eligibility to move to other jobs in the Federal service, your rights in disciplinary and adverse actions, and your eligibility for reemployment if you leave Federal service.

### Block 35 – FLSA Category

- Exempt employees are not covered by the minimum wage and overtime law (the Fair Labor Standards Act); nonexempt employees are covered.

### Block 37 – Bargaining Unit Status

- Identifies a bargaining unit to which you belong, whether or not you are actually a member of a labor organization. Code "7777" indicates you are eligible but not in a bargaining unit; code "8888" indicates you are ineligible for inclusion in a bargaining unit.

### Blocks 38 and 39 – Duty Station

- Identifies the city, county, and state or the overseas location, where you actually work.

## OTHER INFORMATION

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- Your personnel specialist will also tell you if your position is covered by an agreement between an employee organization (union) and your agency. If you are eligible to and elect to join an employee organization, you can

elect to have your dues withheld from your salary.

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# NOTIFICATION OF PERSONNEL ACTION

578 578

1. Name (Last, First, Middle) <b>ANDERSON, CHARLES E.</b>		2. Social Security Number <b>563-94-2723</b>	3. Date of Birth <b>03-26-53</b>	4. Effective Date <b>01-27-2002</b>
<b>FIRST ACTION</b>				
5-A. Code <b>004</b>	5-B. Nature of Action <b>PAY ADJUSTMENT</b>			
5-C. Code <b>YAV</b>	5-D. Legal Authority <b>36 USC, CH. 74, SUBCHAPTER III</b>			
5-E. Code	5-F. Legal Authority			


7. FROM: Position Title and Number <b>PHYSICIAN</b> <b>000000</b>					15. TO: Position Title and Number <b>PHYSICIAN</b> <b>000000</b>						
8. Pay Plan <b>AD</b>	9. Occ. Code <b>0602</b>	10. Grade/Level <b>CHIEF</b>	11. Step/Rate <b>10</b>	12. Total Salary <b>\$107,357</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>AD</b>	17. Occ. Code <b>0602</b>	18. Grade/Level <b>CHIEF</b>	19. Step/Rate <b>10</b>	20. Total Salary/Award <b>\$107,357</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>\$107,357</b>	12B. Locality Adj. <b>00</b>	12C. Adj. Basic Pay <b>\$107,357</b>	12D. Other Pay <b>00</b>	20A. Basic Pay <b>\$107,357</b>	20B. Locality Adj. <b>00</b>	20C. Adj. Basic Pay <b>\$107,357</b>	20D. Other Pay <b>\$0</b>				
14. Name and Location of Position's Organization <b>VA MEDICAL CENTER</b> <b>PATIENT CARE SVCS SURGICAL SERVICE</b> <b>HINES IL</b>						22. Name and Location of Position's Organization <b>VA MEDICAL CENTER</b> <b>PATIENT CARE SVCS SURGICAL SERVICE</b> <b>HINES IL</b>					

## EMPLOYEE DATA

23. Veterans Preference <b>1</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%		24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
27. FEGLI <b>00</b> BASIC LIFE ONLY		28. Annuitant Indicator <b>0</b> NOT APPLICABLE		29. Pay Rate Determinant <b>0</b>
30. Retirement Plan <b>K</b> FICA	31. Service Comp. Date (Leave) <b>04-07-83</b>	32. Work Schedule <b>P</b> PART-TIME	33. Part-Time Hours Per Biweekly Pay Period <b>70</b>	
34. Position Occupied <b>2</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved		35. FLSA Category <b>E</b> E - Exempt N - Nonexempt	36. Appropriation Code <b>0202-2200</b>	37. Bargaining Unit Status <b>7777</b>
38. Duty Station Code <b>17-3470-001</b>		39. Duty Station (City - County - State or Overseas Location) <b>HINES IL</b>		

40. AGENCY DATA	41.	42.	43.	44.
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45. Remarks <b>ASSIGNMENT TO DUTY</b> <b>NOTE: 1120 IN PA</b> <b>SPECIAL PAY DISCONTINUED.</b>				
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46. Employing Department or Agency <b>DEPARTMENT OF VETERANS AFFAIRS</b>			50. Signature/Authentication and Title of Approving Official  <b>HUMAN RESOURCES OFFICER</b>	
47. Agency Code <b>4A 51</b>	48. Personnel Office ID <b>1000</b>	49. Approval Date <b>01-25-2002</b>		

## NOTICE TO EMPLOYEE

This is your copy of the official notice of a personnel action. Keep it with your records because it could be used to make employment, pay, and qualifications decisions about you in the future.

### The Action

- Blocks 5-B and 6-B describe the personnel action(s) that occurred.
- Blocks 15-22 show the position and organization to which you are assigned.

### Pay

- When the personnel action is an award or bonus, block 20 shows the amount of that one-time cash payment. When the action is not an award or bonus, block 12 shows your former total annual salary, and block 20 shows your new total annual salary (block 20C plus 20D). The amounts in blocks 12 and 20 do not include any one-time cash payments (such as performance awards and recruitment or relocation bonuses) or payments that may vary from one pay period to the next (such as overtime pay), or other forms of premium pay.
- Block 20A is the scheduled amount for your grade and step, including any special salary rate you receive. It does not include any locality-based pay. This rate of pay serves as the basis for determining your rate of pay upon promotion, change to a lower grade, or reassignment, and is used for pay retention purposes.
- Block 20B is the annual dollar amount of your Interim Geographic Adjustment or, beginning in 1994, your locality-based comparability payment.
- Block 20C is your Adjusted Basic Pay, the total of blocks 20A and 20B. It serves as the basis for computing your retirement benefits, life insurance, premium pay, and severance pay.
- Block 20D is the total dollar amount of any Retention Allowances, Supervisory Differentials, and Staffing Differentials that are listed in the remarks block. These payments are made in the same manner as basic pay, but are not a part of basic pay for any purpose.

### Block 24 – Tenure

- Identifies the nature of your appointment and is used to determine your rights during a reduction in force (RIF). Tenure groups are explained in more detail in subchapter 26 of FPM Supplement 296-33 and RIF is explained in FPM Supplement 351-1; both should be available for review in your personnel office.

### Block 26 – Veterans Preference for RIF

- Indicates whether you have preference for reduction-in-force purposes.

### Block 30 – Retirement Plan

- FICA —Social Security System
- CS —Civil Service Retirement System
- CS-Spec —Civil Service Retirement System for law enforcement and firefighter personnel
- FS —Foreign Service Retirement and Disability System
- FERS —Federal Employees' Retirement System
- FERS-Reserve Tech —Federal Employees' Retirement System for National Guard Reserve Technicians
- FERS-ATC —Federal Employees' Retirement System for Air Traffic Controllers
- FERS-Spec —Federal Employees' Retirement System for law enforcement and firefighter personnel
- FSPS —Foreign Service Pension System

### Block 31 – Service Computation Date (Leave)

- Shows when your Federal service began unless you have prior creditable service. If so, this date is constructed to include your total years, months and days of prior creditable civilian and military service.
- Full-time employees with fewer than 3 years of service earn 4 hours of annual leave each pay period; those with 3 or more years but less than 15 years earn 6 hours each pay period; and those with 15 or more years earn 8 hours each pay period.
- Your earnings and leave statement or your time and attendance card will show the rate at which you earn leave and your current unused leave balance.

### Block 32 – Work Schedule

- Your work schedule is established by your supervisor.
- A full-time employee works on a prearranged scheduled tour of duty that is usually 40 hours per week. A part-time employee has a prearranged scheduled tour of duty that is usually between 16 and 32 hours per week. An intermittent employee has no prearranged scheduled tour of duty and works when needed.
- Full-time and part-time employees whose appointments are for 90 days or more are usually eligible to earn annual leave; intermittent employees are not.
- Seasonal employees work on an annually recurring basis for periods of less than 12 months each year; they may have a full-time, a part-time, or an intermittent schedule during their work season.
- On-call employees work during periods of heavy workload and are in pay status for at least 6 months of each year; they may have either a full-time or a part-time schedule when they are in pay status.

### Block 33 – Part-time Hours Per Biweekly Pay Period

- Indicates the number of hours a part-time employee is scheduled to work during a two-week pay period.

### Block 34 – Position Occupied

- Identifies the employment system under which you are serving — the Competitive Service, the Excepted Service, or the Senior Executive Service (SES).
- The employment system determines your eligibility to move to other jobs in the Federal service, your rights in disciplinary and adverse actions, and your eligibility for reemployment if you leave Federal service.

### Block 35 – FLSA Category

- Exempt employees are not covered by the minimum wage and overtime law (the Fair Labor Standards Act); nonexempt employees are covered.

### Block 37 – Bargaining Unit Status

- Identifies a bargaining unit to which you belong, whether or not you are actually a member of a labor organization. Code "7777" indicates you are eligible but not in a bargaining unit; code "8888" indicates you are ineligible for inclusion in a bargaining unit.

### Blocks 38 and 39 – Duty Station

- Identifies the city, county, and state or the overseas location, where you actually work.

## OTHER INFORMATION

- If your appointment entitles you to elect health benefits or life insurance, and you have not been provided materials explaining the programs available and the enrollment forms, contact your personnel specialist.
- Your personnel specialist will also tell you if your position is covered by an agreement between an employee organization (union) and your agency. If you are eligible to and elect to join an employee organization, you can

elect to have your dues withheld from your salary.

- If you have questions or need more information about your rights and benefits, ask your supervisor or your personnel office.
- Definitions for any coded data in Blocks 1-24, 27-39 and 45-50 may be found in Federal Personnel Manual Supplement 292-1.

It is your responsibility to read all the information on the front of this notice and tell your personnel office immediately if there is an error in it.



# NOTIFICATION OF PERSONNEL ACTION

578 578

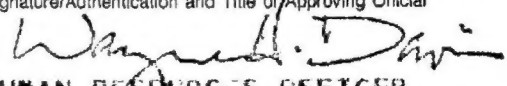
1. Name (Last, First, Middle) <b>ANDRUS, CHARLES H</b>		2. Social Security Number <b>MD 563-94-2723</b>	3. Date of Birth <b>03-28-53</b>	4. Effective Date <b>01-03-1999</b>
5-A. Code <b>002</b>		5-B. Nature of Action <b>CORRECTION</b>		
5-C. Code		5-D. Legal Authority		
5-E. Code		5-F. Legal Authority		

7. FROM: Position Title and Number <b>PHYSICIAN</b> <b>000000</b>					15. TO: Position Title and Number <b>PHYSICIAN</b> <b>000000</b>										
8. Pay Plan <b>AD</b>	9. Occ. Code <b>0602</b>	10. Grade/Level <b>CHIEF</b>	11. Step/Rate <b>10</b>	12. Total Salary <b>\$97,201</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>AD</b>	17. Occ. Code <b>0602</b>	18. Grade/Level <b>CHIEF</b>	19. Step/Rate <b>10</b>	20. Total Salary/Award <b>\$97,201</b>	21. Pay Basis <b>* PA</b>				
12A. Basic Pay <b>\$97,201</b>		12B. Locality Adj. <b>\$0</b>		12C. Adj. Basic Pay <b>\$97,201</b>		12D. Other Pay <b>\$0</b>		20A. Basic Pay <b>\$97,201</b>		20B. Locality Adj. <b>\$0</b>		20C. Adj. Basic Pay <b>\$97,201</b>		20D. Other Pay <b>\$0</b>	
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## EMPLOYEE DATA

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27. FEGLI <b>CO BASIC LIFE ONLY</b>				28. Annuitant Indicator <b>9 NOT APPLICABLE</b>		29. Pay Rate Determinant <b>0</b>	
30. Retirement Plan <b>K FERS &amp; FICA</b>		31. Service Comp. Date (Leave) <b>04-07-83</b>		32. Work Schedule <b>P PART-TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>70</b>	
34. Position Occupied <b>2</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved		35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8202.2280</b>		37. Bargaining Unit Status <b>7777</b>	
38. Duty Station Code <b>17-3975-031</b>		39. Duty Station (City - County - State or Overseas Location) <b>HINES IL</b>					
40. AGENCY DATA		41.	42.	43.	44.		

45. Remarks  
**ASSIGNMENT: SURGERY**  
**\*NTE 1820 HR PA**  
**\$45 REMARKS REGARDING SPECIAL PAY FROM \$47,000 TO \$50,000**  
**CORRECTS ITEM/S/\*\***  
**\*\*\$ 50,000 SPECIAL PAY AUTHORIZED UNDER 38 U.S.C. 7431 NTE**  
**\* CO-CO-0000. SPECIAL PAY IS BASE PAY FOR RETIREMENT AND LIFE INSURANCE PURPOSES, BUT NOT FOR PURPOSES OF ANY OTHER BENEFIT RELATED TO BASIC PAY. FOR PART-TIME SERVICE, PAYMENT IS PRORATED BASED ON RATIO TO FULL-TIME SERVICE NTE THREE-FOURTHS.**

46. Employing Department or Agency <b>DEPARTMENT OF VETERANS AFFAIRS</b>			50. Signature/Authentication and Title of Approving Official  <b>HUMAN RESOURCES OFFICER</b>	
47. Agency Code <b>VA TA</b>	48. Personnel Office ID <b>1255</b>	49. Approval Date <b>01-01-1999</b>		

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elect to have your dues withheld from your salary.

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- Definitions for any coded data in Blocks 1-24, 27-39 and 45-50 may be found in Federal Personnel Manual Supplement 292-1.

It is your responsibility to read all the information on the front of this notice and tell your personnel office immediately if there is an error in it.

DR. ANDRUS  
COPY

mailed to OPM 11/16/01

<b>FERS</b> Federal Employees Retirement System		<b>APPLICATION TO MAKE SERVICE CREDIT PAYMENT FOR CIVILIAN SERVICE</b> FEDERAL EMPLOYEES RETIREMENT SYSTEM	
TO AVOID DELAY IN PROCESSING: 1. Read the attached information carefully. 2. Typewrite or print in ink. 3. Complete Part A in full. If you are currently a Federal employee, have your employing agency complete Part B.			

**A. TO BE COMPLETED BY THE APPLICANT**

1. Name (Last, first, middle) <b>Andrus, Charles H. MD</b>		2. List other names you have used <b>None</b>		3. Birthdate (mo, dy, yr) <b>03-28-53</b>	
4. Address (Number and street) <b>545 Gierz Street</b>		5. Department or agency in which presently or last employed, including bureau, branch, or division <b>VA Hines Hospital, Surgical Service</b>		6. Social Security Number <b>563-94-2723</b>	
(City, State, and ZIP Code) <b>Downers Grove, IL 60515</b>		7. Location of employment (city and state) <b>Hines, IL</b>		8. Title of position <b>Physician</b>	
9. Have you previously filed any application under the Federal Employees Retirement System (FERS) or the Civil Service Retirement System (CSRS)? <input type="checkbox"/> Yes (Complete items 9a and 9b.) <input checked="" type="checkbox"/> No		9a. Type of application <input type="checkbox"/> Service credit payment <input type="checkbox"/> Refund <input type="checkbox"/> Return of excess deductions		9b. Claim number(s) (if available)	

10. List below in chronological order all periods of Federal civilian service. Be sure all your service is listed so that the Office of Personnel Management (OPM) can bill you for the correct amount.

Department or Agency, including bureau, branch or division, where employed	Location of Employment (city and state)	Title of Position	Periods of Service		Check whether deductions were not withheld, withheld and refunded, or withheld and remain to your credit	
			Beginning Date	Ending Date	Not Withheld	Withheld and Refunded
Veterans Administration	St. Louis, MO	Resident Physician	04-08-82	06-30-86	X	

11. Are deductions for the Federal Employees Retirement System now being withheld from your salary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. If your answer is "No," give the date of separation from your last position under the Federal Employees Retirement System Date of separation	
13. Signature of applicant <i>Charles Andrus MD</i>		14. Telephone number (including area code) where you can be reached during the day <i>(630) 493-1820</i>	
		15. Date <b>11/16/01</b>	

## B. TO BE COMPLETED BY THE EMPLOYING AGENCY

**INSTRUCTIONS TO THE AGENCY** - Do not use this application to verify service for leave, retention or other non-retirement purposes. The procedures for verifying service for nonretirement purposes or for establishing creditability of service are contained in the Federal Personnel Manual. If more space is needed for the information requested in item 4, please attach a separate sheet. Show the name and Social Security number of the applicant on the separate sheet (SF 3107-1 may be used for this purpose).

1. Is the employee covered by the Federal Employees Retirement System (FERS)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	2. Provide exact date FERS deductions began for the current appointment. (May be before January 1, 1987, if employee was automatically covered by FERS or all of a transferee's service will be credited under FERS rules.) <div style="text-align: right;">07-01-86</div>
3a. Did this employee elect to transfer to FERS?      Effective date of election <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	3b. If yes, is this employee entitled, according to your records, to have part of his/her future retirement annuity computed under CSRS rules? <input type="checkbox"/> No <input type="checkbox"/> Yes

### 4. CIVILIAN SERVICE NOT UNDER FERS OR CSRS

From verified service documented in official personnel records, list any Federal civilian or District of Columbia Government service not covered by FERS or CSRS deductions which you believe is potentially creditable. If a period of service was subject to another retirement system for Federal employees, note this in the "Leave Without Pay" column. If total basic salary earned for any such period of service is known, a summary entry may be entered on the right-hand side below. Otherwise, show each change affecting basic salary during the period of service. List any period of nondeduction service claimed on the front of this form which cannot be verified from official records and note it in the "Leave Without Pay" column as "Unverified." Service which was not subject to FERS or CSRS deductions is creditable only as specifically allowed by law. NOTE: This information will also be requested on the SF 3107-1 in connection with the employee's retirement. File a copy of this schedule on the right side of the Official Personnel Folder to facilitate completion of the SF 3107-1.

Nature of Action (Appt., pro., res., etc.)	Effective Date (Mo., Day, Year)	Basic Salary Rate	Salary Basis (Per annum, per hour, WAE, etc.)	Leave Without Pay	If Basic Salary actually earned is available make summary entry below		
					From (Mo., Day, Year)	To (Mo., Day, Year)	Total Earned
Exc Appt	04-08-82	\$19,955	PA				
Conv to	07-01-82	\$22,435	"				
Exc Appt							
LWOP	07-01-82	\$22,435	"				
RTD	07-01-83	\$22,435	"				
Conv to	07-01-83	\$23,443	"				
Exc Appt							
Pay Adj	07-01-83	\$25,337	"				
LWOP	10-01-83	\$25,337	"				
Conv to	07-01-84	\$25,020	"				
Exc Appt							
RTD	10-01-84	\$25,020	"				
LWOP	01-01-85	\$25,020	"				
Conv to	07-01-85	\$26,016	"				
Exc Appt							
RTD	01-01-86	\$26,016	"				
LWOP	04-01-86	\$26,016	"				
RTD	07-01-86	\$26,016	"				
Conv to	07-01-86	\$51,835	"				
Exc Appt	(Permanent)						

#### Comments

1983 - LWOP 1/1/83 to 7/1/83; 10/1/83 thru 12/31/83; 3 months excess LWOP  
 1984 - LWOP 1/1/84 to 10/1/84; 3 months excess LWOP  
 1985 - LWOP 1/1/85 thru 12/31/85; 6 months excess LWOP

\* If part-time, provide the number of hours in the scheduled tour of duty and dates of each change in tour of duty. If employee claims to have worked more than the scheduled tour(s) provide number of hours worked at each pay rate. If intermittent (WAE), provide the number of hours worked, if available, at each pay rate.

**Certification** - The information entered above is based on official records of this agency and is correct. There is no official personnel or fiscal record in this agency of the additional service (if any) alleged by the employee and marked "Unverified" in item 4.

Agency address Edward Hines Jr. VA Hospital Great Lakes HRMS (05) PO Box 5000, Bldg 17 Hines, IL 60141-5000	Signature <div style="text-align: center;"><i>Elizabeth Dennis</i></div> Official title Human Resources Spec.	Date 11/16/01 Telephone number (708) 202-8387 Ext 21191
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PAGE 2 OF 2  
NAME: CHARLES H. ANDRUS, MD  
DATE: 11-16-2001

REMARKS  
\*\*\*\*\*

ESTIMATED DEFERRED RETIREMENT BENEFITS AT AGE 62 WITHOUT  
DEPOSIT MADE FOR TEMPORARY RESIDENCY SERVICE.



FERS  
PART-TIME  
EMPLOYEE DATA

-----  
EMPLOYEE NAME: CHARLES H. ANDRUS, MD  
DATE OF BIRTH: 03/28/1953  
SERVICE COMPUTATION DATE: 07/01/1986  
DATE OF SEPARATION: 12/31/2001  
DATE OF RETIREMENT: 03/28/2015  
EMPLOYEE'S AGE AT RETIREMENT: 62 YEARS 0 MONTHS  
HIGH-3 SALARY BASED ON DEEMED PAY: \$148,402  
=====

FERS SERVICE CREDIT: 15 YEARS 6 MONTHS 0 DAYS  
== == ==

=====

FERS PART-TIME PRORATION FACTOR: 77.0%

=====

"ESTIMATED"  
DEFERRED RETIREMENT BENEFITS  
-----

	ANNUALLY	MONTHLY
	-----	-----
DEFERRED BASIC ANNUITY:	\$ 17,700.00	\$ 1,475.00
COST OF SURVIVOR BENEFITS:	- 1,764.00	- 147.00
	-----	-----
ESTIMATED NET ANNUITY:	\$ 15,936.00	\$ 1,328.00
	=====	=====
FULL SURVIVING SPOUSE'S ANNUITY:	\$ 8,844.00	\$ 737.00

NAME: CHARLES H. ANDRUS, MD  
DATE: 11-16-2001

"ESTIMATED"  
DEPOSIT FOR SERVICE BETWEEN 04/08/1982 AND 06/30/1986  
-----

=====

CONTRIBUTIONS BASED ON 1.30% OF PAY:	\$	1,344.00
ACCRUED INTEREST:		3,576.00
-----		
AMOUNT OF DEPOSIT AS OF 12/31/2001:	\$	4,920.00
=====		

DEPOSIT SERVICE SALARY HISTORY  
-----

SALARY START DATE	SALARY END DATE	ANNUAL SALARY	TOTAL SALARY	REQUIRED CONTRIBUTIONS
-----	-----	-----	-----	-----
04/08/1982	06/30/1982	\$ 19,955.00	\$ 4,601	\$ 59.81
07/01/1982	06/30/1983	22,435.00	22,435	291.65
07/01/1983	06/30/1984	25,337.00	25,337	329.38
07/01/1984	06/30/1985	25,020.00	25,020	325.26
07/01/1985	06/30/1986	26,016.00	26,016	338.21

\*\*\*\*\*  
\*  
\* ! NOTICE !  
\*  
\* IF A DEPOSIT IS NOT MADE AND THE LUMP-SUM ALTERNATIVE FORM OF  
\* ANNUITY (AFA) IS NOT ELECTED, THE SERVICE COVERED BY THE DEPOSIT  
\* CAN NOT BE USED IN COMPUTING RETIREMENT BENEFITS.  
\*  
\*\*\*\*\*

PAGE 2 OF 2  
NAME: CHARLES H. ANDRUS, MD  
DATE: 11-16-2001

REMARKS  
\*\*\*\*\*

ESTIMATED DEFERRED RETIREMENT BENEFITS AT AGE 62 WITH  
DEPOSIT MADE FOR TEMPORARY RESIDENCY SERVICE.

FERS  
PART-TIME  
EMPLOYEE DATA

-----  
EMPLOYEE NAME: CHARLES H. ANDRUS, MD  
DATE OF BIRTH: 03/28/1953  
SERVICE COMPUTATION DATE: 04/08/1983  
DATE OF SEPARATION: 12/31/2001  
DATE OF RETIREMENT: 03/28/2015  
EMPLOYEE'S AGE AT RETIREMENT: 62 YEARS 0 MONTHS  
HIGH-3 SALARY BASED ON DEEMED PAY: \$148,402

=====

FERS SERVICE CREDIT:	18 YEARS	8 MONTHS	23 DAYS
	==	==	==

=====

=====

FERS PART-TIME PRORATION FACTOR:	81.0%
----------------------------------	-------

=====

-----  
"ESTIMATED"  
DEFERRED RETIREMENT BENEFITS  
-----

	ANNUALLY	MONTHLY
	-----	-----
DEFERRED BASIC ANNUITY:	\$ 22,428.00	\$ 1,869.00
COST OF SURVIVOR BENEFITS:	- 2,244.00	- 187.00
	-----	-----
ESTIMATED NET ANNUITY:	\$ 20,184.00	\$ 1,682.00
	=====	=====
FULL SURVIVING SPOUSE'S ANNUITY:	\$ 11,208.00	\$ 934.00

# *San Joaquin General Hospital*

***P.O. Box 1020 • Stockton, California 95201 • (209) 468-6118***

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**CHARLES H. ANDRUS, M.D., F.A.C.S.**  
Vice-Chairman, Department of Surgery  
Associate Director, Surgery Residency Program  
Chief, Surgical Endoscopy

email: candrus@sjgh.hs.co.san-joaquin.ca.us  
Fax #: (209) 468-6246

March 25, 2002

United States Office of Personnel Management  
P.O. Box 952015  
St. Louis, MO 63195-2015

Re: Charles H. Andrus, M.D., F.A.C.S.  
4269 Boulder Creek Court  
Stockton, CA 95219  
(209) 951-0689  
SSN: 563-94-2723  
Claim Number: CSD 7072932  
DOB: March 28, 1953

Dear Personnel of OPM:

Attached with this letter is my payment of \$1124 and stub to reimburse both deposit and interest to the U.S. Government for my FERS retirement fund for the time of 4/8/82 through 7/1/86. On January 22, 2002, as a direct result of a constructive discharge, I resigned my appointment as a Physician and Surgeon of the Veterans Health Administration of the Department of Veterans Affairs. As you will note above, our family residence has changed and thus I am requesting that my records be changed to reflect this move. Thank you very much for this consideration.

Sincerely,



Charles Andrus, M.D., F.A.C.S.  
A former Surgeon of the VHA of the DVA  
Former Chief of Surgery Services  
Edward Hines, Jr. VAH  
Chicago, IL



UNITED STATES  
**OFFICE OF PERSONNEL MANAGEMENT**  
P.O. BOX 952015  
ST. LOUIS, MO 63195-2015

Claim Number	Date of Birth
CSD 7072932	03/28/1953

ENTER AMOUNT OF THIS PAYMENT \$ <i>1124.00</i>
---

CHARLES H ANDRUS

~~545 GIERZ STREET~~  
~~DOWNERS GROVE IL 60515~~

*4269 Boulder Creek Circle*  
*Stockton, CA*  
*95219*

**CIVIL SERVICE DEPOSIT  
ACCOUNT STATEMENT**

NOTE: IF NAME OR ADDRESS IS  
INCORRECTLY PRINTED,  
PLEASE CORRECT IT.

Please detach and return this portion with your payment; see the other side for payment instructions.

STATEMENT OF ACCOUNT—KEEP FOR YOUR RECORDS						
Name CHARLES H ANDRUS		Date 03/04/2002	Covered by FERS		Claim Number CSD 7072932	
Amount Due	From	To	Type	From	To	Type
Post 9/30/82 Redeposit Interest	.00 .00	04/08/82	07/01/86	F		
Post 9/30/82 Deposit Interest	308.00 816.00					
Pre 10/01/82 Redeposit Interest	.00 .00					
Pre 10/01/82 Deposit Interest	.00 .00					
Less Payments	.00					
Balance Due						
Post 9/30/82 Redeposit	.00					
Post 9/30/82 Deposit	1124.00					
Pre 10/01/82 Redeposit	.00					
Pre 10/01/82 Deposit	.00					
Total	1124.00					

R = Redeposit Period D = Deposit Period

**SEE OTHER SIDE FOR PAYMENT INSTRUCTIONS AND EXPLANATION**

## PAYMENT INSTRUCTIONS

- If you want to make your payment by automatic deduction from a checking or savings account, please complete and return the Authorization for Direct Payments to the Office of Personnel Management, Direct Payment Program, P.O. Box 958241, St. Louis, Missouri 63195-8241. You can obtain this form by calling OPM at 202-606-0708.
- If you are paying by check, please note the amount of your payment on the top portion of this form and return it with your payment to the Office of Personnel Management, P.O. Box 952016, St. Louis, Missouri 63195-2016. Keep the bottom portion; it is your receipt. Do not send correspondence with your payment.
- Make your check, money order, or draft payable to the Office of Personnel Management. **Please be sure to write your CSD claim number and date of birth on your check.** Do not send cash through the mail.
- You may pay installments of \$50 or more, but paying the full amount now will minimize further interest charges. After each payment we will send you an updated account statement.
- If your address is incorrectly printed, note the corrections on the portion of the form you return with your payment. Or, if you are making payment by an automatic savings or checking account deduction, give us your correct address by calling or writing as indicated below.
- If you have questions about your claim, call us at 1-888-767-5738 or write to the Retirement Operations Center, P.O. Box 45, Boyers, Pennsylvania 15017-0045. To call within the local Washington, DC, area, dial 202-606-0500.

## EXPLANATION OF ACCOUNT STATEMENT

This statement shows the amount of retirement contributions, plus any interest, due the Civil Service Retirement and Disability Fund (CSRDF) for Federal service that is creditable under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). Dates of service are from official records. A redeposit is the repayment of retirement deductions that were withheld from your pay and later refunded to you, plus interest. A deposit is the payment of the retirement deductions that would have been withheld from your pay if you had been employed under CSRS or FERS, plus interest. You are not required to make either of these types of payments. However, the periods of service involved will be used for retirement purposes as described in the following paragraphs.

### FERS SERVICE

- You can make a deposit for creditable FERS service performed before 1989 during which retirement deductions were not withheld from your pay. Interest is charged from the midpoint of periods of service and is compounded annually. Interest is charged to the date the deposit is paid in full or annuity begins, whichever is earlier, and is applied at the rates described in the table below.
  - You can also repay any refund you received for any period of civilian service during which retirement deductions were withheld from your pay and later returned to you before you were covered by FERS. Interest is charged from the date of the refund and compounded annually. Interest is charged to the date full payment is made or the date annuity begins, whichever is earlier, and is applied at the rates described in the table below.
- If you do not pay for a period of either of these types of service, you will not receive credit in determining your eligibility to retire or in computing your retirement benefit.

actuarial reduction based on the amount of redeposit and interest due and your age at retirement. The actuarial reduction will not be applied to any survivors' annuities. You can avoid the reduction by repaying the refund.

If the refund was paid before October 1, 1982, interest has been charged up through the date of this bill. If full payment is received within 30 days after the bill is issued, no additional interest will be charged. Otherwise, interest will be computed after each payment at the rate of 3% for the interval since the most recent payment.

If the refund was paid on or after October 1, 1982, interest is compounded annually and charged through December 31 of the year before the year in which this bill is being issued. If full payment is received by December 31 of the year in which this bill is issued, no additional interest will be charged. If not, interest will be computed once each year as of December 31 based on the unpaid balance at that time. Interest is applied at the rates described in the table below.

### CSRS SERVICE

- You can make a deposit for creditable CSRS service performed before October 1982 during which retirement deductions were not withheld from your pay. You will receive retirement credit for all of this service whether or not you pay the deposit. But, unless you pay the deposit in full, your annual annuity will be reduced by 10% of the amount of the unpaid balance at retirement. Also, any annuity due your surviving spouse will be reduced proportionately. Interest is charged from the midpoint of periods of service through the date of this bill. If full payment is received within 30 days after the bill is issued, no additional interest will be charged. Otherwise, interest will be computed after each payment at the rate of 3% for the interval since the most recent payment you have made.
- You can make a deposit for creditable CSRS service performed on or after October 1, 1982, during which retirement deductions were not withheld from your pay. Unless you pay the deposit in full, you will not receive credit for the service in your annuity. Interest is charged from the midpoint of periods of service and is compounded annually. Interest is charged through December 31 of the year before the year in which this bill is being issued. If full payment is received by December 31 of the year in which this bill is issued, no additional interest will be charged. If not, interest will be computed once each year as of December 31 based on the unpaid balance at that time. Interest is applied at the rates described in the table below.
- You can repay the refund you received for periods of civilian service ending before October 1990 during which retirement deductions were withheld from your pay and later refunded to you. However, you will receive credit for all of this service whether or not you make the payment (unless you retire under the disability provisions of the law). Your annuity will be subject to permanent

- You can repay the refund you received for periods of civilian service ending on or after October 1, 1990, during which retirement deductions were withheld from your pay and later refunded to you. Unless you pay the redeposit in full, you will not receive credit for this service in the computation of your annuity. Consequently, your annuity, as well as any annuity due your surviving spouse, will be reduced. Interest is compounded annually and charged through December 31 of the year before the year in which this bill is being issued. If full payment is received by December 31 of the year in which this bill is issued, no additional interest will be charged. If not, interest will be computed once each year as of December 31 based on the unpaid balance at that time. Interest is applied at the rates described in the table below.

## INTEREST RATES

Beginning in 1985, interest rates vary each calendar year, according to the interest rates earned by new retirement fund securities. Interest rates through 1999 are:

before 1948	4%	1996	6.875%
1948-1984	3%	1997	6.875%
1985	13%	1998	6.75%
1986	11.125%	1999	6.75%
1987	9%		
1988	8.375%		
1989	9.125%		
1990	8.750%		
1991	8.625%		
1992	8.125%		
1993	7.125%		
1994	6.250%		
1995	7%		

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 35 and 39.)

1. Actions Requested <b>Resignation</b>		2. Request Number <b>112/943</b>
3. For Additional Information Call (Name and Telephone Number) <b>Tony Chimento X-21691</b>		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) <b>Barbara K. Temeck, M.D. Acting Chief, Surgical Service</b>		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>Barbara K. Temeck, M.D. Chief of Staff</b>

### PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) <b>Andrus, Charles H.</b>		2. Social Security Number <b>563-94-2723</b>	3. Date of Birth <b>3/28/53</b>	4. Effective Date <b>1/19/02</b>
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>		
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action	
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority	
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority	

7. FROM: Position Title and Number <b>Chief, Surgical Service</b>										15. TO: Position Title and Number									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis								
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
14. Name and Location of Position's Organization <b>Hines VA Hospital Surgical Service (112) Hines, IL 60141</b>										22. Name and Location of Position's Organization									

### EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES NO	
27. FEGLI				28. Annuitant Indicator		29. Pay Rate Determinant			
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period	

### POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E - Exempt N - Nonexempt		36. Appropriation Code <b>8202:2280</b>		37. Bargaining Unit Status	
38. Duty Station Code				39. Duty Station (City - County - State or Overseas Location)					
40. Agency Data		41.	42.	43.	44.				
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other		50. Veterans Status		51. Supervisory Status

### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

**PART D - Remarks by Requesting Office**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?  
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

**PART E - Employee Resignation/Retirement****Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations.  
Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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**PART F - Remarks for SF 50**



Veterans Administration

## EMPLOYEE'S CLEARANCE FROM INDEBTEDNESS

NAME OF EMPLOYEE ANDRUS, Charles, H., M.D.	SOCIAL SECURITY NO. 563-94-2723	MAIL FORWARDING ADDRESS 4269 Boulder Creek Circle Stockton CA 95219	DATE 1/16/2002
TITLE OF POSITION Chief, Surgical Service	STATION NO. 578/112	SERVICE, DIVISION AND SECTION Surgical Service (112)	
THE EMPLOYEE IS (Check one) <input type="checkbox"/> Resignation <input type="checkbox"/> BEING SEPARATED FROM VA <input type="checkbox"/> BEING TRANSFERRED TO (Specify)		THE EMPLOYEE IS (Check one) <input type="checkbox"/> VETERAN <input checked="" type="checkbox"/> NON VETERAN	
		EFFECTIVE DATE 1/19/2002	

This certifies that the above-named employee is not indebted to the Government except as noted.

DEPARTMENTS/STAFF OFFICES	CLEARANCE OFFICIAL	ARTICLES	QTY.	UNIT COST	TOTAL COST
Employee's Service A. Keys B. ADP Coordinator					
Human Resources Mgmt. Service Bldg. 17, (ext 22601)					
Facilities Mgmt-Uniform Exchange Bldg. 220, Rm 103, (ext 24819)	B. Brooks				
Patient Administration Service Bldg 200, Rm B139, (ext 24819)	Edna Freeman				
Library Service Bldg 1, Rm G100, (ext 22000)	T. J. Jels				
Medical Media Service Bldg 1, Rm F155, (ext 21074)					
Fiscal Service - Employee Travel Bldg 1, Rm F152, (ext 25566)					
Canteen Service Bldg 45, Rm 109, (ext 22574)	Joiet Buchanan				
Employee Health Bldg 1, Rm E120					
Nutrition & Food Service Bldg 1, Rm E338, (ext 22728)	Joyce Ellison				
Information Resources Mgmt. Bldg 1, Rm G320					
Research Service Bldg 1, Rm C344, (ext 22681)	Mar Hardt				
Credit Union Bldg 1, Rm A133, (ext 22963)	Vanessa Smith				
Security Service Bldg 2, Trailer					
Facilities Management Service Bldg 2, Rm 138, (ext 21135)	Tawana Rogers				
Fiscal Svc - Purchase Card Coord. Bldg 2, 2 <sup>nd</sup> Floor - South					
Material Mgmt - IFCAP Coordinator Bldg 2, 2 <sup>nd</sup> Floor, North					
Fiscal Service - Payroll Section Bldg 2, 2 <sup>nd</sup> Floor - North	(MUST BE LAST)				
SHORTAGES NOTED ON VOUCHER NO.		DATE OF VOUCHER			

## REMARKS

## AGREEMENT TO PAY INDEBTEDNESS

The Department of Veterans Affairs is hereby authorized to satisfy any portion of remaining indebtedness by withholding any monies due me, including my final salary check, lump-sum annual leave payment, or retirement contributions.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

INSTRUCTIONS: This form must be completed and presented to the Agent Cashier, Finance Division, before final payment will be released.

SIGNATURE OF APPROVING OFFICIAL Chief, Fiscal Service	DATE	INITIALS OF AGENT CASHIER	DATE	INDEBTEDNESS COLLECTED	
				SCHEDULE NO	DATE



The employee's service is responsible for initiating VA Form 3248. The employee should be instructed to hand carry this form to the places listed in the order they appear on the form. Areas with extension numbers listed may be cleared by phone. Each service is responsible for carrying out the following:

Employee's Service	-Service clearance (i.e., keys, tools, equipment, etc.) Forwarding address will be typed in applicable block. Prepare for forward a VAF 10-4560 if occupying non-housekeeping or housekeeping quarters to Facilities Mgmt. Service. Attach completed VAF 1301a (in duplicate to VAF 3248. Issue property Pass, GSA Form OF-7, to employee if necessary.
Human Resources Management Service	-Clearance of benefits and records.
Facilities Mgmt. Service - Uniform Exchange	-Collection of uniforms issued. (Note: If no uniforms have been issued, employing unit may delete this step in the clearance process.)
Patient Administration Service - Health Information Mgmt.	-(Physicians & Residents only) Outstanding dictation of hospital discharge summaries, operation reports, and unsigned orders.
Library Service	-Medical Library & Patient Education Resource Center clearance.
Medical Media Service	-Collection of loaned equipment.
Fiscal Service - Employee Travel	-Clearance of outstanding travel claims, travel credit card, and bills of collection.
Canteen Service	-Clearance of Purchase Program payroll deductions and NSF checks.
Employee Health	-Clearance of employees on surveillance programs.
Nutrition & Food Service	-Collection of meal pass.
Information Resources Management Service	-Collection of pagers, cell phones, palm pilots, ADP equipment; deactivation of Outlook & VISTA.
Research Service	-(Employees involved in research activities only) Collection of lab keys and research equipment, clearance of projects.
Credit Union	-Arrangement for outstanding loans.
Security Service	-Collection of photo ID badge and vehicle parking decal.
Facilities Management Service	-Clearance of housekeeping or non-housekeeping quarters and collection of government drivers license.
Fiscal Service - Purchase Card Coordinator	-Collection of Citibank credit card (VISA) and final clearance stop for WOC employees
Materiel Management - IFCAP Coordinator	-Clearance of credit card holder and/or approving official's reconciliations and deactivation.
Fiscal Service - Payroll Section	-Final clearance and processing.

NAME OF EMPLOYEE <b>ANDRUS, Charles, H., M.D.</b>		T & L UNIT <b>086</b>	DIVISION OR SECTION <b>Surgical Service</b>	DATE OF REQUEST <b>1/16/2002</b>			
Please deliver salary check as follows: <input checked="" type="checkbox"/> TO BE MAILED  <input type="checkbox"/> TEMPORARY  <input type="checkbox"/> PERMANENT*  <input type="checkbox"/> TO BE CALLED FOR DUE DATE OF CHECK		<b>FOR FINANCE USE ONLY</b> <table border="1"> <tr> <td>DATE OF CHECK</td> <td>DATE MAILED</td> <td>*CODED BY DATE</td> </tr> </table> TO (Type or print - include ZIP Code) <b>4269 Boulder Creek Circle</b> <b>Stockton, CA</b> <b>95219</b>			DATE OF CHECK	DATE MAILED	*CODED BY DATE
DATE OF CHECK	DATE MAILED	*CODED BY DATE					
SIGNATURE OF PAYEE		SIGNATURE OF PERSON RECEIVING CHECK (Other than payee)					

Authorizations will be effective on the date requested or as soon thereafter as possible.

If to be mailed, type complete name and address on TWO copies. Sign BOTH copies.

If to be delivered to person other than payee, print name of person receiving check on ONE copy.

VA FORM  
JUN 1993(R)

**1301a**

\*U.S. Government Printing Office: 1997 - 518-111/83828

**REQUEST FOR DELIVERY OF SALARY CHECK**

NAME OF EMPLOYEE <b>ANDRUS, Charles, H., M.D.</b>		T & L UNIT <b>086</b>	DIVISION OR SECTION <b>Surgical Service</b>	DATE OF REQUEST <b>1/16/2002</b>			
Please deliver salary check as follows: <input checked="" type="checkbox"/> TO BE MAILED  <input type="checkbox"/> TEMPORARY  <input type="checkbox"/> PERMANENT*  <input type="checkbox"/> TO BE CALLED FOR DUE DATE OF CHECK		<b>FOR FINANCE USE ONLY</b> <table border="1"> <tr> <td>DATE OF CHECK</td> <td>DATE MAILED</td> <td>*CODED BY DATE</td> </tr> </table> TO (Type or print - include ZIP Code) <b>4269 Boulder Creek Circle</b> <b>Stockton, CA</b> <b>95219</b>			DATE OF CHECK	DATE MAILED	*CODED BY DATE
DATE OF CHECK	DATE MAILED	*CODED BY DATE					
SIGNATURE OF PAYEE		SIGNATURE OF PERSON RECEIVING CHECK (Other than payee)					

Authorizations will be effective on the date requested or as soon thereafter as possible.

If to be mailed, type complete name and address on TWO copies. Sign BOTH copies.

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VA FORM  
JUN 1993(R)

**1301a**

\*U.S. Government Printing Office: 1997 - 518-111/83828

**REQUEST FOR DELIVERY OF SALARY CHECK**